Diabetic patients

1249. SHRIMATI HEMA MALINI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that a million of diabetic patients in the country have been ignored in the budget 2007-08;

(b) if so, whether Government is taking steps to accord relief to diabetic persons since it has ched at a worrisome stage after affecting more and more people and even 10 to 15 years old are falling prey to this silent disease;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) The Government is aware of the burden of non-communicable diseases including diabetes in the country. In recognition, National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke is approved for launch during the Xlth Five Year Plan. The pilot phase of this Programme will extend to six States. A sum of Rs. 5 crores is expected to be spent in connection with the pilot phase of the programme during the current financial year

UNO promise to help for eradication of diseases

1250. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in the year 2000, UNO promised India and some other countries to help them in total eradication of diseases like malaria, HIV/AIDS, etc. by 2015;

(b) if so, the details thereof;

(c) what is the progress made, so far as half the time has elapsed; and

(d) the steps being taken to accomplish the task by 2015?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) The "UN Millennium Declaration" was agreed at the United Nation's Millennium Summit in September, 2000 and nearly 190 countries have signed the declaration. The Declaration includes a series of development goals, related targets and indicators, collectively referred to as the "Millennium Development Goals (MDG)". One of the MDG goals *i.e.* goal-6 is to combat HTV/AIDS, Malaria and other diseases. The target 8 of goal 6 is related to Malaria, HTV/AIDS and other major diseases which is not for total eradication of diseases but indicates to halt and revrse the trend by 2015.

(c) The incidence of malaria in the country has shown a declining trend which is maintained at less than two million cases annually since 2002. The reported deaths due to malaria are

between 1000 to 1600 during these years. The malaria situation in India since 2000 to 2006 is as under:

Year	Positive cases	Pf cases	Deaths
2000	2031790	1047218	932
2001	2085484	1015236	1005
2002	1841229	897446	973
2003	1869403	857101	1006
2004	1915363	890152	949
2005	1816569	805077	963
2006	1765671	822120	1639

Regarding HIV/AJJDS, as per available data, the adult HTV prevalence rates in the country is stabilized at around 0.4% since 2003. The estimated HIV adult prevalence is in the range of 0.27% to 0.47% in 2006.

(d) Government of India is implementing the National Vector Borne Disease Control Programme in the entire country for prevention and control of Malaria, Filaria, Kala-azar, Japanese Encephalitis, Dengue and Chikungunya. The following strategy is being implemented for control of malaria in the country:

1. Disease Management
    - Early case detection and complete treatment
    - Strengthening of referral services
    - Epidemic preparedness and rapid response
2. Integrated Vector Management
    - Indoor residual spraying in selected high risk areas
    - Use of insecticide treated bednets
    - Use of larvivorous fish
    - Anti larval measures in urban areas including biolarvicides
3. Supporting Interventions
    - Behaviour change communications
    - Public private partnership and inter-sectoral convergence
    - Human Resource Development through capacity building
    - Operational Research including studies on Drug Resistance and insecticide susceptibility
    - Monitoring and evaluation through periodic reviews field visits and web based Management Information System

Regarding HIV/AIDS, Phase III of the National AIDS Control Programme has been formulated to control the spread of HIV by up scaling targeted interventions among the high risk group, behaviour change communication for improved awareness, expanding preventive care, blood safety, support and treatment of HIV infected persons including the treatment of opportunistic infections, provision of antiretroviral drugs and mainstreaming of HIV intervention strategies.

Failure of NRHM to reduce the MMR and IMR

1251. MS. PRAMILA BOHIDAR:
SHRI B.J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the National Rural Health Mission has failed in reducing MMR and IMR in the country;

(b) if so, the reasons therefor; and

(c) how far it has been possible to bring down MMR and IMR in Orissa State under the above project and what is the action plan of the Centre to control it further in this backward region?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) It is not a fact that the National Rural Health Mission (NRHM) has failed in reducing MMR and IMR in the country.

NRHM is an initiative for comprehensive architectural reforms in Public Health delivery system. It includes initiatives for improved Maternal and Child Health Services which contribute to reduction of IMR/MMR.

As part of NRHM, Reproductive & Child Health programme, Phase II has undertaken several interventions all over the country including the State of Orissa to reduce IMR and MMR.

Some of the key interventions include Janani Suraksha Yojana (JSY), appointment of Accredited Social Health Activist (ASHA), operationlising Community Health Centres as First Referral Units'(FRU) and Primary Health Centres as 24X7 functional centers, augmenting the availability of skilled manpower, training of MBBS doctors in life saving anesthetic skills and emergency obstetric care, prevention and treatment of Anemia by supplementation with iron and folic acid tablets, organizing village health & nutrition day etc. These interventions are likely to reduce IMR/MMR over time.

The IMR of Orissa is 77 per 1000 live births and MMR is 358 per 100,000 live births as per the Sample Registration Survey (SRS).

Projected number of AIDS patients in the country

†1252. SHRI SHREEGOPAL VYAS:

SHRI RUDRA NARAYAN PANY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the highly exaggerated number of AIDS patients was being projected in India;

† Original notice of the question was received in Hindi.